

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		3/28/00
O.I.P.E. CLASSIFIER		16	35.00
FORMALITY REVIEW	<i>LH</i>	60165	5-26-00
RESPONSE FORMALITY REVIEW	<i>LH</i>	60105	7-7-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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